



**PERFORMANCE ASSESSMENT/SITE VISIT REPORT**

**SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW**

**1. OPERATIONAL DOCUMENTS**

YES   NO   N/A

Review hard copy/verify the ability to access on line:

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • The Cal EMA Recipient Handbook (R.H.)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Approved Grant Award Agreement   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The RFA/RFP (supersedes the requirement of the R.H.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Program Guidelines (supersedes the requirement of the R.H.)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at <a href="http://www.whitehouse.gov/omb/circulars">www.whitehouse.gov/omb/circulars</a> . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

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**2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATIONS (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY**

- |   |                          |                          |                                     |
|---|--------------------------|--------------------------|-------------------------------------|
| • Obtain copy of required Fidelity Bond Certificate? [R.H. Section 2161] Does <u>not</u> apply to state, city, or county units of government. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does the certificate show:  |                          |                          |                                     |
| ○ Bonding company's name  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Bond number   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Description of coverage   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Amount of coverage (50% of allocation)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Bond period   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Grant award number  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Form A, Employee Dishonesty   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Form B, Forgery Coverage  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Comments:

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**3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)**

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project have its CEQA documentation on file?(Ask to view)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Certified Exempt   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Recipient has adopted or certified an environmental document which complies with the requirements of CEQA. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

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PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- |   | YES                                 | NO                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| <b>4. <u>PROOF OF AUTHORITY (R.H. Section 1350)</u></b>   |                                     |                          |                          |
| • Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? (Ask for copy) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

the EA and VW Programs are automatically approved on an annual basis and are approved as a much larger package and not handled individually

**5. ORGANIZATIONAL CHART**

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| • Review the organizational chart. Are all budgeted positions identified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

**6. Cal EMA MODIFICATION (Cal EMA 2-223)**

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Review the purpose/preparation of Grant Award Modification Request (Cal EMA 2-223). [R. H. Section 7500] (Instruct project staff on the procedure to obtain the most recent forms from Cal EMA's website.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A modification is needed for the following:  |                                     |                          |                          |
| o Budget changes   |                                     |                          |                          |
| o Change in key personnel  |                                     |                          |                          |
| o Adding/changing additional signers   |                                     |                          |                          |
| o Change goals/objectives, or activities   |                                     |                          |                          |
| o Address change   |                                     |                          |                          |
| o Other  |                                     |                          |                          |

Comments:

**7. PERSONNEL POLICIES**

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project staff have access to written personnel policies as required? [R. H. Section 2130] | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do the personnel policies include:   |                                     |                          |                          |
| o Work hours   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Compensation rates including overtime and benefits   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Vacation, sick, and other leave allowances   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Hiring and promotional policies  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- Do the personnel files include:
  - Staff note: Complete a sample review of a personnel file
  - Job application
  - Resume
  - Performance evaluations
  - Salary rates
  - Benefits
  - Current job duties/descriptions
  - Other terms of employment
- Does the project have a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152]
- Did the Board approve the agency's existing personnel policy?

Comments:

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8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331]
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure signatures of staff and supervisor.)

Comments:

timesheets are electronically signed

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9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction?   
  - Name of individual who approves purchases.  
JoAnn Slattery
  - Name of individual who writes checks.  
County Auditor's Office
  - Name of individual(s) who signs checks.  
Auditor

Comments:

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## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

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### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

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- |  | <u>YES</u>                          | <u>NO</u>                | <u>N/A</u>                          |
|--|-------------------------------------|--------------------------|-------------------------------------|
| <b>10. <u>SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]</u></b>  |                                     |                          |                                     |
| • Does the project maintain a record-keeping system which accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Does the project maintain an accurate inventory log of equipment purchased with grant funds?   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

Codes for each program

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### 11. PROJECT EXPENDITURES

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Is the project's expenditure rate commensurate with the elapsed period of the grant?                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project up-to-date with the submission of Cal EMA Form 2-201?                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

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### 12. MATCH REQUIREMENTS

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project have a match requirement?                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project meeting the match requirement?                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Review the supporting documentation to substantiate cash or in-kind match. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

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### 13. EEO POLICY

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Go over EEO checklist. (Separate document) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

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**PERFORMANCE ASSESSMENT/SITE VISIT REPORT**

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**SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)**

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**GENERAL**

**14. PROGRAM GOALS AND OBJECTIVES**

YES    NO    N/A

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program's goals and objectives?
- Does the project need to submit Cal EMA Form 2-223 to modify grant objectives?

Comments:

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**15. PROGRESS REPORT**

- Discuss and review the programmatic Progress Report requirements.

Comments:

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**16. SOURCE DOCUMENTATION-Programmatic**

- Is the project maintaining a record keeping and data collection process that which accurately supports the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

Comments:

Damion system.

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**17. OPERATIONAL AGREEMENTS**

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

Comments:

will update for VW Program

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**18. PROJECT STAFF DUTIES**

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

Comments:

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**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)  
PERFORMANCE ASSESSMENT / SITE VISIT REPORT**

Checklist Items	Yes	No	Comments
<b>SUPPLEMENTAL PROGRAMMATIC REVIEW</b>		<b>EA09100420</b>	
<b>1. MANDATORY SERVICES</b>			
<b>a. Crisis Intervention</b>			
(1) Provide in person/telephone contacts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Provide crisis intervention and arrange for needed services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>b. Emergency Assistance</b>			
(1) Arrange emergency assistance within the first 24 hours after initial contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Written procedures in place for disbursing funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) OA(s) on file with service providers (i.e. shelters)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>c. Resource and Referral Assistance</b>			
(1) Provide non-emergency referrals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) OA(s) on file with service providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>d. Direct Counseling</b>			
(1) Provide in person or telephone guidance and/or emotional support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) If counseling is provided, it is at a level that does not require a licensed professional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) If counseling is referred, OA(s) on file with service providers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Refer out, have database where services are tailored for individual victims
<b>e. Victims of Crime Claims</b>			
(1) Assist clients in preparing applications for compensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Advocate is aware their role does not include determination of eligibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) Is a joint Powers unit locally located	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>f. Property Return</b>			
(1) Assist in the return of property held as evidence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) If property cannot be returned, an explanation is provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)  
PERFORMANCE ASSESSMENT / SITE VISIT REPORT**

Checklist Items	Yes	No	Comments
<b>SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)</b>			
<b>1. MANDATORY SERVICES (Continued)</b>			
<b>g. Orientation to the Criminal Justice System</b>			
(1) Provide information on the location, procedures, and functions of local criminal justice agencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Written material/brochures are available in languages appropriate to local ethnic needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>h. Court Escort</b>			
(1) Provide physical accompaniment during court appearances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Provide physical accompaniment during interviews with law enforcement and prosecution	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>i. Presentations and Training for Criminal Justice Agencies</b>			
(1) Conduct informational presentations regarding resources available through V/W Centers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	For EA and VW programs
(2) Conduct informational presentations explaining the rights and needs of victims	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>j. Public Presentations and Publicity</b>			
(1) Promote public awareness of V/W services through public media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Conduct presentations to victim service organizations and community groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) Participate in Victims' Rights Week	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Public media presentations
<b>k. Case Status/Case Disposition</b>			
(1) Advise victim of the progress and disposition of case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Assist victim with preparing Victim Impact Statements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>l. Notification of Family/Friends</b>			
(1) Notify victim's relatives and/or friends of the occurrence of the crime	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upon request
<b>m. Employer Notification</b>			
(1) Notify employer that client was a victim/witness to a crime	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upon request
(2) Encourage employer to minimize any loss of pay or other benefits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)  
PERFORMANCE ASSESSMENT / SITE VISIT REPORT**

Checklist Items	Yes	No	Comments
<b>SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)</b>			
<b>1. MANDATORY SERVICES (Continued)</b>			
<b>n. Restitution</b>			
(1) Assist in obtaining restitution	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Both Victim/Witness and Restitution Specialist
(2) Provide the Probation Department, District Attorney, and Court with information relevant the victim's losses prior to the imposition of sentencing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>2. OPTIONAL SERVICES</b>			
(1) Employer Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Creditor Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As requested
(3) Child Care Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sometimes
(4) Witness Notification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Witness coordinator is in the office
(5) Funeral Arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sometimes
(6) Crime Prevention Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(7) Witness Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Name change assistance, Secretary of State Confidential Address Program
(8) Temporary Restraining Order (TRO) Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Refer to legal aide or resource center
(9) Transportation Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Easy Lift, or other transportation
(10) Court Waiting Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In V/W office + child's waiting room
<b>3. AGENCY ORGANIZATION</b>			
<b>a. Facility</b>			
(1) V/W Center is open during normal business hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Waiting Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) Private Interview Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In office space, private room
<b>b. Personnel &amp; Organization</b>			
(1) Reporting lines of Authority are consistent with the Project Contact Information form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will need update for new D.A.
(2) Authorization for additional signature authority is current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) Evidence of completion of 40 hour Entry-Level Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Central file in Megan's office
<b>SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)</b>			

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)  
PERFORMANCE ASSESSMENT / SITE VISIT REPORT**

**b. Personnel & Organization (Continued)**

(4) Evidence of completion of Advance Training, if applicable

(5) Evidence of completion of Coordinator's Training, if applicable

(6) Volunteers utilized as required

**Additional Comments / Notes:**

**Objective #1 – Mandatory Services (see page 1 of checklist) Elder Abuse Advocacy & Outreach**

**Objective #2**

During the grant year, increase the number of identified elder abuse victims as measured by the number of new victims and new cases.

**Objective #3**

During the grant year, conduct awareness training sessions for direct service providers of elder abuse.

**Objective #4**

During the grant year, conduct presentations to potential elder victims to enhance victim awareness.

**Objective #5**

During the grant year, provide referrals to agencies serving elder abuse victims.

**Objective #6**

During the grant year, conduct a minimum of 12 local meetings of the operational participants in the (original) RFP.

**Additional Comments / Notes:**